## PART B - FEE(S) TRANSMITTAL

OCT 2 2 2008

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, 2007

or Fax (571)-273-2885

This form should be used for transmitting the ISSUE FEE and PUBLICATION FEB (if required). Blocks 1 through 5 should be completed where the property of further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as for the patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as for the patent of the maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: 1 lac Block 1 for any change of address)

7390

09/09/2008

Attention: Eric D. Levinson

Imation Corp. Legal Affairs Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Peo(s) Transmittal is being deposited with the United
Status Postal Service with sufficient postage for first class mail in an envelope
addressed to the Mail Stop ISSUE FEE address above, or being facsimile
transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Dupositor's name)		Eric D. Levinson)
(Signature)		Exa Levenson
(Date)	•	8 14101

10/807.821   03/24/2004   Jathan D. Edwards   1042US01   4332	O. Box 64898				pric	D. Levi	n80m/	(Dupo	Bitori nime,
APPLICATION NO. FILING DATE PIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMAT 10/807.821 03/24/2004 Jathan D. Edwards 18/22/2606 HBELETE? G6060936 6906659 1 11/26/2606 HBELETE? G6060936 6906659 1 15/16, 66 DA 62 PC: 1591 1516, 66 DA 62 PC: 1594 368.08 DA 62 PC: 1	. Paul, MN 5516	4-0898			4	en der	int		(Signature
APPLICATION NO. FILES DATE  10/807.821  10				Ì		10	2/14/8	•	(Date)
10/807.821   03/24/2004   Jathan D. Edwards   1042US01   4332   16/22/2008   HBELETE ( 5056039 5) 6 90869   1   16/22/2008   HBELETE ( 5056039 5) 6 90869   1   15/22/2008	PLICATION NO.	FILING DATE	i i	PIRST NAMED INVENTOR		АТТО	RNEY DOCKET NO.	CONFIRMATION	.0א אכ
APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION PEE DUE PREV. PXID ISSUE FEE TOTAL PRESS DUE DATE nonprovisional NO \$1440 \$300 \$0 \$1740 \$12/09  EXAMINER ART UNIT CLASS-SUBCLASS  PADGETT, MARIANNE L 1792 427-508000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence address form PTO/SB/1/22) attached.  Change of correspondence address (or Change of Correspondence address form PTO/SB/1/22) attached.  Change of correspondence address (or Change of Correspondence address form PTO/SB/1/22) attached.  Change of correspondence address (or Change of Correspondence address form PTO/SB/1/22) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data, will appear on the patient. If an assignce is identified below, the document has be recordation as set forth in 37 CFR 3.11. Complotion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  TIMATION CORP.  Please check the appropriate assignee category or categories (will not be printed on the patient): Individual **Corporation or other private group entity*  4a. The following fee(s) are submitted:  Acheck is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Difference is hereby authorized to charge the required fee(s), any deficiency, or or overpayment, to Deposit Account Number (enclose an extra copy of corporation or NALL ENTITY states See 37 CER 1.27(0/2)	10/807,821		NA FABRICATION TE			10/22/2008		4332 090069 10	807821
nonprovisional NO \$1440 \$300 \$0 \$1740 12/09  EXAMINER ART UNIT CLASS-SUBCLASS  PADGETT, MARIANNE U 1792 427-508000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence didress form PTO/SB/42) attached.  I "Fee Address" indication (or "Fee Address" Indication form PTO/SB/43? Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has be recordation as set forth in 37 CFR 3.11. Complotion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  TWATION CORP.  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Storp any previously paid issue fee shown above)  4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reappty any previously paid issue fee shown above)  TAdvance Order - # of Copics 2  S. Change in Entity Status (from status indicated above)						01 FC:1501 02 FC:1504	309.09 DA		
EXAMINER  ART UNIT  CLASS-SUBCLASS  PADGETT, MARIANNE L  1792  427-508000  1. Change of correspondence address or indication of "Fee Address" (37 (27 1.563).  Change of correspondence address (or Change of Correspondence didress form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence didress form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence didress form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence didress form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence didress form PTO/SB/122) attached.  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed.  2 registered attorneys or agents. If no name is listed, no name will be printed.  3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has b recordation as set forth in 37 CFR 3.11. Comploition of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Oaklale, Mannes of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Oaklale, Mannes of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Oaklale, Mannes of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Oaklale, Mannes of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Oaklale, Mannes of up to 3 registered patent attor	PPLN. TYPE	SMALL ENTITY	issur fre due	PUBLICATION PEE D	UE PREV.	păĭd isšûë fee	TOTAL FÉÉ(S) DÜÉ	DATE	)UE
PAGETT, MARIANNE L  1792  427-508000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence didress form PTO/SB/122) attached.  The Address form PTO/SB/122 atta	onprovisional	МО	\$1440	\$300		\$0	\$1740	12/09/2	:008
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence ddress for MTO/SB/122) attacked.  The Address of Indication form PTO/SB/147; Rev 0.3-0.2 or more recent) attacked. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has be recordation as set forth in 37 CFR 3.11. Complotion of this form is NOT a substitute for filting an assignment.  (A) NAME OF ASSIGNEE  Please check the appropriate assignee category or categories (will not be printed on the patent):  INATION CORP.  Please check the appropriate assignee category or categories (will not be printed on the patent):  JISSUE FEE  JISSUE FEE  A deck is enclosed.  A check is enclosed.  The Director is hereby authorized to charge the required fee(s), any deficiency, or or overpayment, to Deposit Account Number of Section 2 (CR) 2.7 (CR)	EXAMIN	TER	ART UNIT	CLASS-SUBCLASS					
Change of correspondence address (or Change of Correspondence didress form PTO/SB/122) attached.    "Fee Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.    ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)    PLEASE NOTE: Unless an assignee is identified below, no assignee dam will appear on the patent. If an assignee is identified below, the document has be recordation as set forth in 37 CFR 3.11. Complotion of this form is NOT a substitute for filling an assignment.    ANAME OF ASSIGNEE   DATE ON PROPERTY   DATE ON PROPERTY      Assigned attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 1 registered attorneys or agents. If no name is 2 registered patent attorneys or agents on the patent. If an assignment is identified below, the document has be recordation as set forth in 37 CFR 3.11. Complotion of this form is NOT a substitute for filling an assignment.    Assignment   Corporation   Co	PADGETT, MA	RIANNE L	1792	427-508000					
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has be recordation as set forth in 37 CFR 3.11. Complotion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Oakdale, Munneson  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity  4a. The following fee(s) are submitted:  Jissue Fee  Publication Fee (No small entity discount permitted)  A check is enclosed.  Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or one overpayment, to Deposit Account Number (a) Control of the payment of the property of the proper	.363). Change of correspondress form PTO/SB/1 "Fee Address" indics O/SB/47; Rev 03-02	ndence address (or Char 122) attached.	nge of Correspondence	(1) the names of a or agents OR, alter (2) the name of a s	p to 3 regis nativoly, ingle firm (	having as a moral	per a 2	Leviáso	<u>.</u>
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity  4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)    A check is enclosed.   Payment by credit card. Form PTO-2038 is attached.	EASE NOTE: Unles ordation as set forth i NAME OF ASSIGN	ss an assignee is identi in 37 CFR 3.11. Comp NEE	fied below, no assignee llotion of this form is NO	data will appear on the substitute for filing (B) RESIDENCE: (C)	he patent. It as as assignment of the control of th	TATE OR COUN	dentified below, the d	ocument has be	en filed
A check is enclosed.   A check is enclosed.   Payment by credit card. Form PTO-2038 is attached.   Payment by credit card. Form PTO-2038 is attached.   The Director is hereby authorized to charge the required fee(s), any deficiency, or creoverpayment, to Deposit Account Number   9 000   (enclose an extra copy of the Director is hereby authorized to charge the required fee(s), any deficiency, or creoverpayment, to Deposit Account Number   9 000   (enclose an extra copy of the Director is no large all invited sections of the Director is no large all invited sections   Deposit Account Number   9 000   (enclose an extra copy of the Director is no large all invited sections   Deposit Account Number   9 000   (enclose an extra copy of the Director is no large all invited sections   1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			categories (will not be p	•	_		tion or other private gre	oup entity 🔲 G	iovemme
The Applicant is no language stating SMALL ENTITY states. See 37 CFR 1.27(a)(2).	Jasue Fee Publication Fee (No	small entity discount p		☐ A check is enclos ☐ Payment by cred	ed. it card. Form	PTO-2038 is all	sched.		lit any his form)
			C 22 CRD 1 22	b. Applicant is no	o longer clai	ming SMALL EN	TITY status. See 37 C	FR 1.27(g)(2).	her party
Authorized Signature  Typed or printed name  Evic D Levinson  This collection of information is required by 37 CFR 1.311. The information is required to obtain or remain a benefit by the public which is to file (and by the USP).  This collection of information is required by 37 CFR 1.311. The information is required to obtain or remain a benefit by the public which is to file (and by the USP).	nthorized Signature	Enc D le	Leinson	<u>)</u>	D: Ro	egistration No	<i> 14/8</i> 35,814		

an application. Confidentiality is governed by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and in the complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete impand/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. /450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22315-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.